

O I P E  
JUN 23 2005Approved for use through 10/31/2002. OMB 0651-0032  
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PATENT & TRADEMARK OFFICE				PATENT APPLICATION FEE DETERMINATION RECORD		Application or Docket Number <b>10/724535</b>
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## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(e))	139 minus 20 =	* 119
INDEPENDENT CLAIMS (37 CFR 1.16(b))	10 minus 3 =	* 7
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2

6/23/05

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(e))	*	139	Minus ** 139 = 0
Independent (37 CFR 1.16(b))	*	10	Minus *** 10 = 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
x \$ _____	\$ _____	OR x \$ _____	\$ _____
x \$ 9 =	1071	OR x \$ _____	=
x 43 =	301	OR x _____ =	
+ _____ =		OR + _____ =	
TOTAL	1372	OR TOTAL	

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x \$ _____ =	0	OR x \$ _____ =	
x _____ =	0	OR x _____ =	
+ _____ =		OR + _____ =	
TOTAL	0	OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(e))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x \$ _____ =		OR x \$ _____ =	
x _____ =		OR x _____ =	
+ _____ =		OR + _____ =	
TOTAL		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(e))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x \$ _____ =		OR x \$ _____ =	
x _____ =		OR x _____ =	
+ _____ =		OR + _____ =	
TOTAL		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.